

06-23-89 SHIPPER 19454

State of California—Health and Welfare Agency  
Form Approved OMB No. 2050-0039 (Expires 9-30-91)See Instructions on Back of Page 6  
and Front of Page 7Department of Health Services  
Toxic Substances Control Division  
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No.	Manifest Document No.	2 Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address CORAL INDUSTRIES 10109 SOUTH SHOEMAKER., SANTA FE SPRINGS, CA 90670		6 US EPA ID Number CA A D O I 4 2 2 4 5 0 0 1		A. State Manifest Document Number 88677575	
4. Generator's Phone (213) 944-9971				B. State Generator's ID	
5. Transporter 1 Company Name OMEGA RECOVERY SERVICES		8 US EPA ID Number		C. State Transporter's ID 010385	
7. Transporter 2 Company Name		10 US EPA ID Number		D. Transporter's Phone (213) 698-0991	
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CA A D O I 4 2 2 4 5 0 0 1	
				H. Facility's Phone (213) 698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No.	13 Total Quantity	14 Unit Wt./Vol.	I. Waste No.
a. WASTE ISOPROPNOL FLAMMABLE LIQUID UN 1219		022			State
b.					EPA/Other
c.					State
d.					EPA/Other
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		a. 01 b.			
		c. d.			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name RODOLFO RODRIGUEZ		Signature Rodolfo Rodriguez		Month Day Year 01/06/18/15/17	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name JAVIER HERNANDEZ		Signature Javier Hernandez		Month Day Year 06/28/89	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name FRANK FORD		Signature Frank Ford		Month Day Year 01/06/20/89	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

DHS 8022 A (1/88)

EPA 8700-22

(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

When TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To P.O. Box 3000 Sacramento, CA 95812